

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
- ☐ State Candidate Election Committee
- ☐ Recall (Also Complete Part 5)
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- ☐ Primarily Formed Ballot Measure Committee
- ☐ Controlled
- ☐ Sponsored (Also Complete Part 6)

Statement covers period
from 07/01/2008
through 12/31/2008

Date of election if applicable
(Month, Day, Year)
06/01/2010

FILED
Date Stamp
JAN 27 2009
CITY OF SANTA MARIA
City Clerk
CALIFORNIA
FORM 460
COVER PAGE
Page 1 of 4
For Official Use Only

2. Type of Statement:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER
Alice Patino for City Council 1227669

Treasurer(s)

NAME OF TREASURER
Tom Martinez
MAILING ADDRESS
2624 Airpark Drive
CITY

STREET ADDRESS (NO P.O. BOX)
2624 Airpark Drive
CITY

STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY

STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-7-09
By [Signature]
Signature of Treasurer/Assistant Treasurer
By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent
By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM
460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Airpark Drive	Santa Maria, CA 93455		

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
COMMITTEE ADDRESS	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS (NO P.O. BOX)	
CITY	
STATE	ZIP CODE
AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
COMMITTEE ADDRESS	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS (NO P.O. BOX)	
CITY	
STATE	ZIP CODE
AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD
DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

Statement covers period from 07/01/2008 through 12/31/2008	CALIFORNIA FORM 460
Page 3 of 4	SUMMARY PAGE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions		
2. Loans Received	Schedule A, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Schedule B, Line 3 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions	Add Lines 1 + 2 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 \$ 0.00	\$ 0.00
	Add Lines 3 + 4 \$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made		
7. Loans Made	Schedule E, Line 4 \$ 137.50	\$ 208.50
8. SUBTOTAL CASH PAYMENTS	Schedule H, Line 3 \$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Add Lines 6 + 7 \$ 137.50	\$ 208.50
10. Nonmonetary Adjustment	Schedule F, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Schedule G, Line 3 \$ 0.00	\$ 0.00
	Add Lines 8 + 9 + 10 \$ 137.50	\$ 208.50

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2,820.80
13. Cash Receipts	Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 137.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,683.30

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	Schedule B, Part 2	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
1/1/08	\$
1/1/09	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Statement covers period from 07/01/2008 through 12/31/2008	CALIFORNIA FORM 460
Page 4 of 4	SCHEDULE E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| CA campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings | MER member communications
MTG meetings and appearances
OFC office expenses
FET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads | RAD radio, television and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL l.v. or cable, telephone and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail) |
|--|---|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO			79.50
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO			58.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.)
- Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

SUBTOTAL \$	137.50
\$	137.50
\$	0.00
\$	0.00
TOTAL \$	137.50